

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44010
STATE FILE NUMBER
5591

FILED DEC 11 1957

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

5. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence, before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) 1213 Garfield		d. STREET ADDRESS (If outside, give location) 1213 Garfield	
3. NAME OF DECEASED First FRANK Middle JOHNSON Last JOHNSON		4. DATE OF DEATH Month November Day 22 Year 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 25, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 88 yrs. IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Garlands, Louisiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dan Johnson		13b. MOTHER'S MAIDEN NAME Myra Bowens	
14. NAME OF HUSBAND OR WIFE Louise Johnson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Louise Johnson Address 1213 Garfield wife	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Cardiac Failure Hypertension DUE TO (b) Hypertension DUE TO (c) 443+ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 10 MO. 8 Yrs 443+	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kans. City, Missouri	
21. I attended the deceased from March 28, 1957 to Nov. 22, 1957 and last saw her alive on Nov. 22, 1957 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Emmett F. Walls (Degree or title)	
22b. ADDRESS 2628 Troost K.C.MO.		22c. DATE SIGNED 11-25-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-30-57	23c. NAME OF CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City, town, or county) (State) Kans. City, Missouri
24. FUNERAL DIRECTOR Watkins Brothers Funeral Home Address 18th & Benton		25. DATE RECD. BY LOCAL REG. 11-26-57	
26. REGISTRAR'S SIGNATURE Neva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

Emmett F. Walls D. O. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 43-10

P. O. Address 18th & 1st

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.